



RESIDENTIAL BUILDING WORKSHEET

Building Permit # _____

Division of Zoning, Permitting & Inspections
Fauquier County Department of Community Development
29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 347-8646
Facsimile: 347-2043

			Instructions						
Use Group: <input type="checkbox"/> R-5 (Single Family Dwelling) <input type="checkbox"/> Other _____			If you are building a single family dwelling the use group would be a residential use, R-5						
Type of Construction: <input type="checkbox"/> 1-A <input type="checkbox"/> 2-A <input type="checkbox"/> 3-A <input type="checkbox"/> 4 <input type="checkbox"/> 5-A <input type="checkbox"/> 1-B <input type="checkbox"/> 2-B <input type="checkbox"/> 3-B <input type="checkbox"/> 5-B			For a single family dwelling you will most likely be using a 5-B construction method. This construction type is of wood with no fire rating for structural components unless you are building within 5 feet of the property line. If you are going to utilize any other type of construction, please see the link to the State of Virginia Construction Code on the Community Development page of the Fauquier County Web Site www.fauquiercounty.gov (look under documents).						
Building Information: Building Height _____ feet Building Area _____ sq. feet Number of Stories: _____ Number of Dwelling Units: _____ Manufactured Trusses: <input type="checkbox"/> Yes <input type="checkbox"/> No Dwelling Built on: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement Basement Egress: <input type="checkbox"/> Walkup <input type="checkbox"/> Walkout <input type="checkbox"/> Egress Window Fire Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No			This section asks general questions about the building. This section is generally filled out by your designer. Most single family dwellings do not have fire ratings or sprinkler systems. Any areas that you feel do not apply should be left blank and the Building Staff will help you fill in the information						
Type of Foundation Wall: <input type="checkbox"/> Block and/or Brick <input type="checkbox"/> Formed Concrete <input type="checkbox"/> Precast Concrete <input type="checkbox"/> Pressure Treated Wood <input type="checkbox"/> Other: _____			In this section provide information about the foundation, the structure utilized to support the building. Brick and block are manually laid masonry units while formed concrete walls are poured concrete in stand up forms. Precast concrete walls are formed and cast off site and brought in as completed components that are then put together to form the foundation. Pressure treated wood foundations utilize special treated wood products designed for ground contact and installed in a special way.						
Type of Heating and Cooling (check all that apply): <input type="checkbox"/> Furnace/Air Handler: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Other _____ <input type="checkbox"/> Outside Unit: <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Fireplaces: _____ # Masonry _____ # Prefabricated			In this section, describe the mechanical systems to be installed in your home. In many cases, the building will contain more than one of the listed components. An example of this would be to have an "electric furnace" and "a heat pump" for your heating and cooling system. You may have a "gas furnace" and "central air" heating/ cooling system. If you are unsure contact your mechanical contractor and they should be able to clear this up for you. Please don't forget to include the number of fireplaces and whether or not they are masonry or prefabricated.						
Tanks (indicate information for each tank proposed): <table border="1"><thead><tr><th>Tank #1:</th><th>Tank #2:</th><th>Tank #3:</th></tr></thead><tbody><tr><td>Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____</td><td>Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____</td><td>Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____</td></tr></tbody></table>			Tank #1:	Tank #2:	Tank #3:	Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	Provide information about the size and number of tanks to be installed on the property, including tanks such as propane, oil or any other type of holding tank that you may wish to have on the property. The tanks may be underground style or above the ground. For each tank proposed, please indicate its size, whether it is above ground or below, and what will be stored within the tank.
Tank #1:	Tank #2:	Tank #3:							
Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Size (Gallons) _____ Type of Tank: <input type="checkbox"/> Gasoline <input type="checkbox"/> Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____							